



## PATENT

**Atty. Dkt. No. ZIMR/0008**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re-Application of:**

## Schlichting

**Serial No.: 10/757,354**

**Confirmation No.: 3325**

**Filed: January 14, 2004**

**For: Charged Particle Beam Device for  
Inspecting or Structuring a Specimen**

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**Group Art Unit: 2881**

**Examiner: Kiet Tuan Nguyen**

Me  
Only

**MAIL STOP AMENDMENT**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**Dear Sir:**

**CERTIFICATE OF MAILING**  
**37 CFR 1.8**

I hereby certify that this correspondence is being deposited on November 30, 2004, with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date Nov. 30, 2004

Signature \_\_\_\_\_

**RESPONSE TO OFFICE ACTION DATED SEPTEMBER 8, 2004**

In response to the Office Action dated September 8, 2004, having a shortened statutory period for response set to expire on December 8, 2004, please enter this response and reconsider the claims pending in the application for reasons discussed below. The Commissioner is hereby authorized to charge counsel's Deposit Account No. 20-0782/ ZIMR/0008/AOP, \$18.00 for excess claim fees and any other amount required to make this response timely and acceptable to the Office.

**Amendments to the Specification** begin on page 2 of this paper. **Amendments to the Claims** are reflected in the listing of claims, which begins on page 3 of this paper. **Remarks** begin on page 8 of this paper.

# **PATENT APPLICATION FEE DETERMINATION RECORD** Effective October 1, 2003

Application or Docket Number

10757354

## **CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

SMALL ENTITY

OTHER THAN SMALL ENTITY

TYPE ☐

OR ☐

TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	9.0
X86=	
+290=	
TOTAL	86.0

If the difference in column 1 is less than zero, enter "0" in column 2

## **CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OTHER THAN SMALL ENTITY

OR ☐

OR ☐

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	25	Minus	25
	Independent	1	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	26	Minus	25
	Independent	1	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	1.8
X86=	
+290=	
TOTAL ADDIT. FEE	1.8 pd.

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	
	Independent		Minus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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